



JUNE 2023



A REPORT

ONE YEAR WITHOUT ROE: HEALTH CARE PROVIDERS SPEAK OUT ON CRIMINALIZED CARE AND COMPOUNDING CONFUSION

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Executive Summary

On June 24, 2022, the Supreme Court issued its decision in *Dobbs v. Jackson Women’s Health Organization* (*Dobbs*), overturning *Roe v. Wade* and immediately stripping away the constitutional right to abortion. Since then, Republican state legislatures have proposed or enacted dozens of laws to obliterate women’s reproductive freedom – and Republicans in Congress are seeking to impose a nationwide ban.

This report finds that, on the first anniversary of the Supreme Court’s decision to overturn *Roe v. Wade*, health care providers report that the landscape of abortion access in the U.S. is bleak and growing bleaker. Republican legislatures in 19 states have enacted near or total abortion bans, with 15 others adopting severe restrictions on medication abortion – and even more relentlessly trying to impose new limits. A federal judge’s decision – if upheld by higher courts – threatens to eliminate use of the drug mifepristone for medication abortion, which currently accounts for over half of all abortions. Anti-abortion activists are deliberately sowing misinformation and confusion, further restricting women’s access to reproductive care. And doctors, nurses, pharmacists, and other health care providers are increasingly facing legal threats or threats of violence that prevent them from providing the care that their patients need.

In May 2023, on the precipice of the one year anniversary of the Supreme Court’s decision to overturn *Roe v. Wade* and in the midst of heightened threats from Republican-nominated judges to outlaw medication abortion nationwide, Senators Warren, Hirono, Smith, and Duckworth sought information from five leading organizations representing physicians, nurses, pharmacists, and other health care providers: Physicians for Reproductive Health (PRH), the American Medical Association (AMA), National Nurses United (NNU), the American Pharmacists Association (APhA), and the American Hospital Association (AHA). The senators asked a series of questions to assess how restrictions on medication abortion – including a potential judicial decision staying the Food and Drug Administration’s (FDA) approval of mifepristone – have affected patients and providers and contributed to a cloud of

misinformation surrounding reproductive health care. All five organizations responded to the request, and this report contains findings from these latest responses. The detailed findings of the senators’ investigation include:

- **One Year after *Dobbs*, Abortion Access Has Been Nearly Eliminated in Large Portions of the Nation – Even in States Previously Considered Havens for Care.** Since June 2022, 19 states have imposed extreme laws to ban or severely restrict abortion, limiting access not only to abortion care, but also to pregnancy care, miscarriage care, and more. Fourteen of these 19 state bans do not even include exceptions for rape or incest. These laws pose mortal threats to women all across the country, and Black and Brown communities will be hit the hardest. Efforts to further curb women’s reproductive rights are on the horizon. As a result of abortion bans enacted this year, the closest abortion provider for patients in some parts of the country is over 800 miles away.

The organizations described the harrowing effects of these restrictions on reproductive health. AMA broadly stated that “**restrictions on access to abortion, reproductive health care, and other health care ... are placing sound medical practice and the health of patients at risk.**” APhA shared that “the issue most concerning to pharmacists is that state-imposed restrictions are limiting or delaying [pharmacists’] ability to provide evidence-based therapies to their patients.” And PRH cautioned that “we have watched an already devastating abortion access crisis become far worse,” with “tens of thousands of people having been denied care and forced to remain pregnant against their will.” PRH described the current state of abortion access in the United States as “**an unconscionable public health and human rights crisis.**”

- **Legal Attacks on Abortion, Including Medication Abortion, Sow Misinformation and Widespread Confusion among Patients and Providers.** Overly broad and sloppily

drafted state laws to ban or severely restrict abortion have led to chaos and confusion for both patients and providers. A district court judge's unprecedented decision (temporarily stayed by the Supreme Court) in *Alliance for Hippocratic Medicine vs. FDA* (*Alliance for Hippocratic Medicine*), which ordered a nationwide stay of FDA's approval of mifepristone, one of two drugs used in a medication abortion, has further fueled uncertainty about the legal status and availability of this medication.

PRH explained that **“the whiplash and uncertainty stemming from both the Supreme Court’s decision in *Dobbs* and the district court decision in *Alliance for Hippocratic Medicine* have many people seeking medication abortion confused about whether they are legally able to do so.”** And patients are not the only ones struggling to find accurate, reliable information. Providers have been left “in a position where they are unable to efficiently provide needed health care services to their patients.”

- **Anti-Abortion Activists Are Threatening to Upend the Entire Drug Regulatory System to Remove Mifepristone from the Market.** While state-level restrictions pose critical threats to Americans’ ability to access abortion – even in states where abortion remains legal – these threats will be significantly more far-reaching if the district court decision in *Alliance for Hippocratic Medicine* is upheld by the Fifth Circuit Court or the Supreme Court, causing grave concern for health care providers. AMA explained that, **“judges and lawmakers should not be substituting their own opinion for the experience, expertise, and authority of the FDA,”** and APhA similarly expressed concern with “courts replacing the scientific expertise and experience of FDA scientists by making uninformed and uneducated decisions on the safety and efficacy of drugs.”

Medication abortion is already banned or severely restricted in 28 states. But PRH

explained that removal of mifepristone from the market entirely would mean that, “fewer people can be cared for on any given day.” There is no question: removing mifepristone from the market entirely is an additional step towards a national abortion ban. As PRH stressed, **“all of these outcomes are intentional – the cruelty is the point.”**

- **Threats of Criminalization and Violence Hurt Health Care Workers and Risk Women’s Ability to Obtain Care.** Health care providers are facing increased threats of prosecution and workplace violence, interfering with their ability to meet their medical and ethical duties to put patient health and well-being first. **Providers report that they have “been reeling as [they] have continued to grapple with this new and constantly shifting legal landscape and the devastation it is causing to the people [they] care for.”**

Coupled with the misinformation and confusion surrounding medication abortion as described in this report, ongoing threats of violence and steep criminal and civil penalties are significantly impeding providers’ ability to care for their patients. Given these conditions, some experts are concerned that fewer medical students will choose to pursue careers in obstetrics and gynecology, further compounding workforce shortages, increasing the number of communities with maternity care deserts, and deepening health disparities.

One year ago, the Supreme Court’s decision to overturn *Roe v. Wade* unleashed a tidal wave of extreme abortion bans and restrictions, preventing Americans across the country from accessing needed reproductive health care. These restrictions – and the confusion and misinformation they’ve spawned – have pushed access to essential care farther and farther out of reach for millions of Americans.

As extremist politicians continue to enact new abortion restrictions, threats to the health and wellbeing of millions of American women are only getting worse.

Introduction:

In the first year since the Supreme Court overturned *Roe v. Wade* and eliminated the constitutional right to abortion, Republican state legislatures have proposed or enacted dozens of laws to obliterate women’s reproductive freedom.¹ As of the publication of this report, one year after the Supreme Court’s decision to overturn *Roe v. Wade* in *Dobbs v. Jackson Women’s Health Organization (Dobbs)*, **Republican legislatures in 19 states have enacted near or total abortion bans, with many others enacting severe restrictions on reproductive health care.**² And just this week, House Republicans renewed their efforts to ban abortion nationwide.³

In the wake of the Supreme Court’s decision in *Dobbs*, Senator Warren in August 2022 opened an investigation to understand how state abortion bans and restrictions have affected women’s access to reproductive health care, pregnancy care, and even non-reproductive health care.⁴ The Senator requested information on the effects of abortion bans and restrictions, including a potential nationwide abortion ban, from five leading organizations representing physicians, nurses, pharmacists, and other health care providers: Physicians for Reproductive Health (PRH), the American Medical Association (AMA), National Nurses United (NNU), the American Pharmacists Association (APhA), and the American Hospital Association (AHA). In November 2022, Senators Warren, Hirono, Smith, and Duckworth released a report containing a summary of the findings from those responses, concluding that “these bans not only impose significant risks to the health of women all across the country, but also to health care providers that have to do their jobs under the constant threat of criminal prosecution,” and that, as a result, “[m]any health care providers will be forced to withhold care, and women will die from preventable causes such as infections, preeclampsia, or hemorrhage, as they are forced to carry pregnancies against their will.”⁵

In May 2023, on the precipice of the one year anniversary of the Supreme Court’s decision to overturn *Roe v. Wade* and in the midst of heightened threats from Republican-nominated judges to outlaw medication abortion nationwide, Senators Warren,

Hirono, Smith, and Duckworth re-opened their investigation and requested updates from these five leading health care provider organizations.⁶ In the letters, the senators asked the organizations a series of questions to better assess how threats to the access of medication abortion and the growing cloud of misinformation surrounding reproductive health care have affected and will continue to affect patients and providers across the nation, and to better understand the effects of a potential judicial decision staying the FDA’s approval of mifepristone. All five organizations again responded to the requests, and this report from Senators Warren, Smith, Duckworth, Hirono, Feinstein, and Cantwell contains findings from these latest responses.

Key Findings:

A. One Year after *Dobbs*, Abortion Access Has Been Nearly Eliminated in Large Portions of the Nation – Even in States Previously Considered Havens for Care

Since June 2022, 19 states have imposed extreme laws to ban or severely restrict abortion.⁷ These laws not only restrict access to abortion care, but also pregnancy care, miscarriage care, and more.⁸ These laws pose mortal threats to women all across the country, and efforts to further curb women’s reproductive rights are on the horizon. As PRH described, even “[i]n places where abortion remains legal in at least some circumstances, fifteen states have restricted access to medication abortion care by imposing medically unnecessary requirements.”⁹

The organizations described the harrowing effects of these restrictions on reproductive health care. AMA broadly stated that **“restrictions on access to abortion, reproductive health care, and other health care ... are placing sound medical practice and the health of patients at risk.”**¹⁰ APhA echoed this concern, explaining that “state-imposed restrictions are limiting or delaying [pharmacists’] ability to provide evidence-based therapies to their patients,”¹¹ resulting in **“troubling reports of delays in care or lost access to medication... for abortion, management of pregnancy loss, contraception, and for indications unrelated to reproductive health care.”**¹²

While many restrictions were put into place in the months immediately following the Supreme Court’s decision,¹³ APhA further explained that “state-imposed restrictions on abortion care have expanded during the 2023 legislative session.”¹⁴ Each time a state enacts a new restriction or ban on abortion, abortion care is pushed farther out of reach – for residents of the state with the new law, for residents in neighboring states with their own restrictions or bans, and even for residents of states with no restrictions at all as patient wait times rise due to the influx of out-of-state individuals seeking care.

By November 2022, travel time to access abortion care had already quadrupled.¹⁵ Today, individuals must travel an average distance of 87 miles for abortion care.¹⁶ **In some parts of the South, the closest abortion provider is over 800 miles away.**¹⁷ Prior to the *Dobbs* decision, 13 states had trigger bans in place, ready to take effect immediately after *Roe* was overturned.¹⁸ This made certain states, such as Florida, North Carolina, New Mexico, Colorado, and Illinois, islands of access in parts of the nation where abortion care was otherwise outlawed. Now, several of these states have adopted their own bans, further curbing access: North Carolina’s abortion ban will take effect on July 1, forcing some patients in North Carolina to travel more than double the national average – up to 175 miles – to receive abortion care.¹⁹ North Carolina’s ban will also affect patients from nearby states with abortion bans or severe restrictions, such as Alabama, Florida, Georgia, Louisiana, Mississippi, and Texas, who currently travel to North Carolina to seek care.²⁰ In one week, when the new law goes into effect, those patients will all be referred to providers in states that are both farther away and also experiencing an influx of patients. Clinics in Virginia are already bracing for a surge in patients.²¹

While a judge has temporarily blocked South Carolina’s near-total abortion ban from going into effect,²² absent this decision, the only state in the South where women would be able to access the full range of reproductive health care, including abortion, is Virginia.²³ Yet even there, a 15-week abortion ban promoted by Virginia’s Republican governor was only narrowly defeated by the Democratic majority in the state Senate.²⁴ And Florida, which had previously allowed abortions up to 15 weeks, recently enacted a 6-week abortion ban.²⁵ If allowed to go into effect, travel distances for some Florida residents would rise to nearly 500 miles.²⁶

PRH pointed out that **“states with higher numbers of abortion restrictions are the same states with the poorest maternal and infant health outcomes.”**²⁷ Maternal mortality and morbidity rates in the United States were shamefully high even prior to *Dobbs*. In 2021, the national maternal mortality rate was more than ten times the estimated rates of other

high-income countries.²⁸ PRH explained that “efforts to push both medication and procedural abortion out of reach in large geographic swaths of this country will continue to exacerbate this country’s maternal health crises,” and Black and Brown communities will be hit the hardest.²⁹

While “it is undeniable that state-imposed restrictions on abortion impact everyone,”³⁰ APhA explained that restrictions “disproportionately impact individuals who face issues related to social determinants of health and do not have the ability, or access to travel to a state where they could receive elective abortion care and related health care services.”³¹ The organization further stated that these restrictions:

[W]orsened already existing disparities in healthcare, particularly for marginalized populations. Not every patient has the time, money, and ability to travel far distances to seek comprehensive reproductive healthcare services. These patients are impacted the most, given that states enacting abortion bans already have higher maternal morbidity/mortality, higher rates of uninsurance, and less social support for families.³²

Beyond the constantly growing number of states where abortion access has been stripped away, over the course of the past year, laws restricting abortion access have also grown increasingly cruel. Fourteen states with abortion bans or restrictions do not even include exceptions for rape or incest.³³ Just last month, Republican politicians in Louisiana voted against adding exceptions for rape or incest to the state’s total abortion ban.³⁴ And in Arkansas, Republicans rejected efforts to add exceptions for children and victims of incest.³⁵ Even among the few state bans that do include exceptions for rape or incest, these exceptions are often undercut by needless requirements.³⁶ Experts agree that these types of exceptions rarely provide any help to survivors of sexual assault: in fact, patients have already reported that they were unable to access abortion care after a rape – even in a state that has these exceptions.³⁷

Reflecting on the landscape post-*Dobbs*, PRH described the current state of abortion access in the United States as “an unconscionable public health and human rights crisis.”³⁸ “[W]e have watched an already devastating abortion access crisis become far worse,” the organization explained, with “tens of thousands of people having been denied care and forced to remain pregnant against their will.”³⁹

APhA bluntly stated that “the issue most concerning to pharmacists is that state-imposed restrictions are limiting or delaying [pharmacists’] ability to provide evidence-based therapies to their patients.”⁴⁰ The organization detailed how the *Dobbs* decision has already resulted in “troubling reports of delays in care or lost access to medication ... for abortion, management of pregnancy loss, contraception, and for indications unrelated to reproductive health care.”⁴¹

B. Legal Attacks on Abortion, including Medication Abortion, Sow Misinformation and Widespread Confusion among Patients and Providers

Overly broad and sloppily drafted state laws to ban or severely restrict abortion have led to chaos and confusion for both patients and providers. And the Supreme Court’s ruling in *Dobbs* and a lower court’s ruling on medication abortion in *Alliance for Hippocratic Medicine v. FDA (Alliance for Hippocratic Medicine)* have caused widespread confusion for both patients and providers, made worse by intentionally misleading information parroted by anti-abortion organizations.⁴²

On April 7, a federal district court judge appointed by President Trump, Matthew Kacsmaryk, issued a ruling in *Alliance for Hippocratic Medicine* to stay the Food and Drug Administration’s (FDA) approval of mifepristone, one of the two drugs commonly used for medication abortion.⁴³ The stay would have made the manufacturing, distribution, and provision of mifepristone illegal immediately, nationwide.⁴⁴ This ruling was temporarily stayed by the Supreme Court, meaning that, for now, mifepristone is still approved by the FDA.⁴⁵ But efforts to plant doubts in the minds of patients and providers about the drug’s

legality, safety, and efficacy have been successful in restricting and delaying access to care.

Medication abortion, which accounts for more than half of all abortions nationwide,⁴⁶ has been the primary target of misinformation spewed by anti-abortion organizations. PRH explained that **“the whiplash and uncertainty stemming from both the Supreme Court’s decision in *Dobbs* and the district court decision in *Alliance for Hippocratic Medicine* have many people seeking medication abortion confused about whether they are legally able to do so.”**⁴⁷ The *Alliance for Hippocratic Medicine* ruling especially fueled a surge in misinformation due to Judge Kacsmaryk’s repetition of anti-abortion rhetoric, which relied on baseless claims and ignored decades of scientific evidence regarding mifepristone’s safety and efficacy.⁴⁸ Even though the Supreme Court has allowed mifepristone to remain available while the litigation continues, rampant confusion stemming from Kacsmaryk’s ruling “limits or delays patients from receiving their needed care.”⁴⁹ PRH reported that patients are **“fearful about who they can trust and where they can get the care they need,”** leading them to cancel or miss appointments.⁵⁰

NNU stated that:

[T]here has been a surge of misinformation about the safety, efficacy and legality of medication abortion and abortion care. This misinformation is dangerous for patients, and is already endangering the lives of people who are pregnant.⁵¹

AHA underscored that “it is critical that citizens obtain health information from trustworthy, helpful and accurate sources.”⁵² Yet, anti-abortion organizations have spent millions of dollars in digital marketing and online ads to steer patients to so-called “crisis pregnancy centers” under false pretenses.⁵³ Operating as fake clinics, these centers lure people seeking abortion care with the intent to mislead them, including by providing patients with patently false information about abortion.⁵⁴ The centers also routinely peddle dangerous “medication abortion

reversal” (sometimes called “abortion pill reversal”) services, an option that medical experts have unequivocally said is “not safe, effective, or based on medical evidence.”⁵⁵

Patients are not the only ones struggling to find accurate, reliable information. **Providers – particularly pharmacists – have also been left “in a position where they are unable to efficiently provide needed health care services to their patients.”**⁵⁶ APhA explained that “both the *Dobbs* and the *Alliance for Hippocratic Medicine vs. FDA* cases have created confusion due to the rapidly changing legal landscape and fear for pharmacists that providing medication abortion could result in legal consequences.”⁵⁷

The case in *Alliance for Hippocratic Medicine* exclusively concerns mifepristone, the first in a two-drug regimen that can be used for medication abortion and that is subject to a Risk Evaluation and Mitigation Strategy (REMS) that regulates its ability to be dispensed.⁵⁸ Yet, the widespread confusion resulting from this case and others has resulted in providers hesitating to dispense *other* medications – even for purposes other than abortion – including drugs like misoprostol and methotrexate, which are not implicated in litigation, are not subject to a REMS, and may be used for entirely different medical purposes. For example, APhA reported that “pharmacists are unsure of the liability they would face in dispensing methotrexate, despite it being used for [rheumatoid arthritis],”⁵⁹ because the drug can sometimes be used for medication abortion or the treatment of ectopic pregnancies.⁶⁰ These reports clearly demonstrate that anti-abortion organizations have succeeded in restricting or delaying patients’ access to abortion care – and other types of health care – far beyond what state lawmakers purport.

C. Anti-Abortion Activists are Threatening to Upend the Entire Drug Regulatory System to Remove Mifepristone from the Market

While state-level restrictions pose critical threats to Americans’ ability to access abortion – even in states where it remains legal, these threats will be

significantly more far-reaching if the district court decision in *Alliance for Hippocratic Medicine* is upheld by the Fifth Circuit Court or the Supreme Court.

Republican state legislatures in 28 states – including 15 states where abortion is legal – have imposed bans or restrictions that prevent Americans from accessing medication abortion.⁶¹ The harmful consequences of these restrictions are already evident across the country:

The reality is, when medication abortion care is pushed out of reach in one’s own community it forces people to travel sometimes thousands of miles to obtain care they should be able to get right at home. Clinics in more protective states are continuing to grapple with the influx of patients travelling and wait times are long, increasing the costs and barriers to care. For those who are not able to pull together the resources to travel to get care, many will be forced to remain pregnant at the expense of their autonomy, well-being, and health.⁶²

While the Supreme Court has temporarily stayed Judge Kacsmaryk’s ruling in *Alliance for Hippocratic Medicine* from going into effect,⁶³ health care providers are raising alarms about the threats to women and health care providers if higher courts – including the Supreme Court – eventually uphold the ruling. AMA explained:

Judges and lawmakers should not be substituting their own opinion for the experience, expertise, and authority of the FDA. Nor should they ignore the substantial weight of scientific evidence from hundreds of studies and millions of patients confirming the safety and effectiveness of mifepristone, which has been used for decades in both medication abortion and miscarriage management.⁶⁴

APhA similarly expressed concern with “courts replacing the scientific expertise and experience of FDA scientists by making uninformed and uneducated decisions on the safety and efficacy of drugs.”⁶⁵

If allowed to go into effect, Judge Kacsmaryk’s decision in *Alliance for Hippocratic Medicine* “**could have devastating consequences and once again upend the abortion access landscape only a short time after the Supreme Court’s decision in *Dobbs*.**”⁶⁶ PRH explained that “a stay on mifepristone’s approval will cause significant hurdles as procedural abortion care must be provided in-clinic where there are already significant wait times and a shortage of providers who are able to provide procedural care.”⁶⁷ While some providers may be able to turn to a misoprostol-only regimen, which “can also be safely and effectively used to end a pregnancy with or without the addition of mifepristone,”⁶⁸ many women will not have this option if they are unable to travel to a state where medication abortion is available or are unable to see a provider due to long wait times. PRH concluded that “if mifepristone is unavailable, far fewer people can be cared for on any given day.”⁶⁹ **There is no question: removing mifepristone from the market entirely is an additional step towards a nationwide abortion ban.**

Like all abortion restrictions, a ruling to remove FDA’s approval of mifepristone would threaten the health of women seeking other forms of reproductive health care. APhA raised concerns that, “Indirectly, state-imposed restrictions on abortion care have impacted pregnancy care, reproductive care, and other forms of health care. Many of these issues have been the result of vaguely worded state policies that could be interpreted as being more broadly applied to patients even if they are not receiving care related to an abortion.”⁷⁰ PRH explained that mifepristone is commonly used to “shorten the length of time someone is miscarrying and is an effective way to treat early pregnancy loss”⁷¹ and that “using mifepristone in miscarriage care can decrease the risk of hemorrhage or infection as well as the likelihood of a procedural intervention.”⁷² Republicans’ extreme efforts to control women’s bodies pose mortal threats to women’s lives.⁷³ As PRH stressed, “**all of these**

outcomes are intentional – the cruelty is the point.”⁷⁴

D. Threats of Criminalization and Violence Hurt Health Care Workers And Risk Women’s Ability to Obtain Care

Health care providers are facing increased threats of prosecution and workplace violence, interfering with their ability to meet their medical and ethical duties to put patient health and well-being first. **Providers report that they have “been reeling as [they] have continued to grapple with this new and constantly shifting legal landscape and the devastation it is causing to the people [they] care for.”**⁷⁵

The National Women’s Law Center has reported that, for years, providers and employees at abortion clinics have faced harassment, threats, and even violence.⁷⁶ Now, as anti-abortion organizations and individuals are emboldened by growing restrictions and attacks on abortion care, these incidents have grown in frequency and intensity. The National Abortion Federation’s recent report analyzing violence among abortion providers found a significant increase in the number of major incidents, including arson, burglaries, and death threats.⁷⁷ The Chief Program Officer of the organization stated:

The data is proof of what we have known to be true: anti-abortion extremists have been emboldened by the Supreme Court’s decision to overturn *Roe v. Wade* and the cascade of abortion bans that followed. As clinics closed in states with bans, extremists have simply shifted their focus to protective states, where our members have reported major increases in assaults, stalking, and burglaries.⁷⁸

In addition to confronting this dangerous and unacceptable workplace violence, providers are now fearful that the care they provide will put them at risk of prosecution. Providers may lose their medical licenses, face lawsuits, or even be thrown in jail for providing medically necessary care, even when they

are making a good-faith effort to comply with state laws.⁷⁹ PRH reported that **“there is immense fear in this moment from providers across practice settings that they will be caught in the crosshairs and criminalized if they provide this necessary care.”**⁸⁰

AMA similarly explained:

Physicians have been put into situations where they are uncertain about what services they are legally allowed to provide, often forced to consult hospital lawyers on decisions they used to be able to make on their own and scared for their patients’ lives and about being prosecuted for doing their jobs.⁸¹

NNU echoed this concern:

We should not have to fear for our patients’ lives or for our own licenses and livelihoods because of the criminalization of scientifically proven, medically necessary health care.⁸²

APhA described the same fear among pharmacists:

Pharmacists in many states are uncertain of the professional, financial, and legal liability they may face when providing care to their patients regardless of if the care is related to abortion care services.⁸³

APhA further explained that the “increase in administrative burden” required to ensure they are complying with often vaguely worded and imprecise laws has “the potential to delay care for multiple patients”⁸⁴ and is likely to prevent many women from receiving the treatment they need. One pharmacist explained the barriers to dispensing misoprostol for miscarriage – a medication whose safety, efficacy, and FDA approval for that purpose is undisputed:

[I] would need to first speak with the prescribing physician to confirm a diagnosis. They would then need to [consult] with their legal department to be sure [the pharmacist, prescribing physician, and legal department]

were in agreement that it is reasonable to fill the prescription.⁸⁵

In the time it would take for a pharmacist, physician, and legal department to concur that a prescription should be filled, the patient could experience life-threatening complications or need to find additional care.

Coupled with the misinformation and confusion surrounding medication abortion, ongoing threats of violence and steep criminal and civil penalties are significantly impeding providers' ability to care for their patients.⁸⁶ Given these conditions, some experts are concerned that fewer medical students will choose to pursue careers in obstetrics and gynecology, further compounding workforce shortages, increasing the number of communities with maternity care deserts and deepening health disparities.⁸⁷

Conclusion:

One year ago, the Supreme Court’s decision to overturn *Roe v. Wade* unleashed a tidal wave of extreme abortion bans and restrictions, preventing Americans across the country from accessing needed reproductive health care. **Today, more than 30 states have imposed restrictions on abortion.**⁸⁸ On top of state laws and restrictions, the removal of mifepristone’s FDA approval would further delay, if not altogether prevent patients from accessing abortion. Widespread confusion and misinformation – spread by anti-abortion organizations capitalizing on court cases challenging the safety and efficacy of mifepristone – have further restricted or delayed patients’ access to care. All of these conditions have pushed access to essential care further and further out of reach for Americans across the country. That these attacks are causing direct, immediate threats to women is unquestionable.

On the first anniversary after the Supreme Court’s decision in *Dobbs*, the landscape of abortion access in the U.S. is bleak and growing bleaker. As extremist politicians continue to enact new abortion restrictions, threats to the health and wellbeing of millions of Americans are only getting worse. Unless efforts by Republican politicians and rogue judges to ban abortion nationwide are defeated, the threats to health care providers and women’s health will continue.

Endnotes

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- ² Abortion Finder, “State-by-State Guide,” <https://www.abortionfinder.org/abortion-guides-by-state>.
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- ⁴ Office of Senator Elizabeth Warren, “Warren Opens Investigation into State-Imposed Abortion Restrictions and Their Impacts on Women’s Access to Health Care,” press release, August 10, 2022, <https://www.warren.senate.gov/newsroom/press-releases/warren-opens-investigation-into-state-imposed-abortion-restrictions-and-theirimpacts-on-womens-access-to-health-care>; Office of Senator Elizabeth Warren, “Warren Opens Investigation to Examine How Republicans’ Radical National Abortion Ban Proposal Would Affect Women’s Access to Health Care,” press release, September 22, 2022, <https://www.warren.senate.gov/newsroom/press-releases/warren-opens-investigation-to-examine-how-republicansradical-national-abortion-ban-proposal-would-affect-womens-access-to-health-care>.
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- ⁶ Office of Senator Elizabeth Warren, “In Light of New Threats to Medication Abortion, Warren, Hirono, Duckworth, Smith Expand Investigation into Effects of State Abortion Bans,” press release, May 30, 2023, <https://www.warren.senate.gov/oversight/letters/in-light-of-new-threats-to-medication-abortion-warren-hirono-duckworth-smith-expand-investigation-into-effects-of-state-abortion-bans>.
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